

CityAtty@annapolis.gov • 410-263-7954 • Fax 410-268-3916 • TDD use MD Relay or 711 • www.annapolis.gov

Records Request Form

All requests for information, i.e. to inspect or receive copies of public records maintained by the City, pursuant to the Maryland Public Information Act should be submitted to the Office of Law. Upon receipt, the office will respond as prescribed by the Act. Please print.

Applicant			Date	Date		
Mailing a	ddress					
			State Zip			
Phone(s)	, if you wou	ld like to be called before fee	es are assessed			
	or identify that apply.	the records that you want	to inspect or copy and please specify what you	are requestino	g below.	
Co	opies	Inspect records	Records			
1						
2						
4						
6						
7						
of fewer in more than	than 10 pag n two hours m willing to p	ges. There may also be a fe . In the case of an unusually pay all fees for this request w	age for copies of documents. There is no copy for each or retrieval and review of the records if the review of the requiries of the records of t	etrieval and revied in advance.		
If y	ou estimate	that the fees will exceed this	s limit, please contact me at the phone number ab	ove.		
I ar	m requesting	g that fees be waived on the	following grounds:			
represent available	tative if the to a "perso	person has a disability. Ur n in interest." At your option,	ect of the record, that person's designee, or that person's designee, or that person law, certain records that would not otherwis, you may indicate if you are a "person in interest."	se be available	may be	
Are you a	a "person in	interest?" If yes, please exp	lain below.	Yes	No	
Does any	part of this	request relate to any City-ov	wned building or property?	Yes	No	
Signature Da						